

**LAFAYETTE CITY - PARISH CONSOLIDATED GOVERNMENT
CIVIL SERVICE SYSTEM
291-8330**

TO FILE AN APPLICATION

Only U.S. citizens and non-citizens authorized to work in the United States by the U.S. Citizenship and Immigration Service are eligible for employment by the Lafayette Consolidated Government.

In order for an application to be accepted, the following items are required at the time the application is turned in.

1. Proof that the applicant is 18 years of age or older and has permission to work in the United States issued by the Department of State if not a citizen, and has submitted to the Civil Service Office the prescribed completed employment forms of the aforementioned, prior to the deadline for applications.
2. Proof of a social security number. If you do not have your SS card, an official document with your number **printed** on it will be accepted. (Ex: W-2, pay stub, etc.)

The following item may be turned in at any time **before** the test is given.

3. Proof of honorable discharge: DD214. You must show proof of having served 90 consecutive days of active duty and show proof that you were honorably discharged. Anyone showing proof will be awarded five points to a passing score.
4. Deadlines are strictly enforced, your application form with items 1 and 2 listed above must be submitted to the Civil Service Office before both date / time and maximum number of applications stated on the ad or announcement of the vacancy.

- ! After the Civil Service test the top five scoring applicants plus ties will be certified as eligible for hire.
- ! Any offer of employment is subject to your passing the physical examination, the drug test and retaining or achieving any qualifications or licenses or certifications required by the job.
- ! Any employee hired into the LCG Civil Service system is subject to a 6 month probationary period, if unwilling or unable to perform satisfactorily during that time, the new employee may be dismissed without right of appeal.
- ! Continued employment is subject to the Conditions of Employment Policy (from Human Resources Office)

DEADLINE: _____ Noon

LAFAYETTE CONSOLIDATED GOVERNMENT

CIVIL SERVICE SYSTEM

705 WEST UNIVERSITY AVENUE

P.O. BOX 4017-C

LAFAYETTE, LOUISIANA 70502

(337) 291-8330

NOTICE:

Resumes will not be
accepted in lieu of
this completed form.

APPLICATION FOR EMPLOYMENT

Fill out this application on typewriter or print in ink. To avoid delay in processing please give complete and accurate information.

THE FOLLOWING IS NECESSARY TO NOTIFY YOU OF EXAMINATION RESULTS AND/OR INTERVIEWS ONLY.

IDENTIFICATION

1.	Position applied for: _____		
2.	Name: _____		
	LAST	FIRST	MIDDLE
3.	Mailing Address: _____		
	Number	Street	Apartment Number
	City	State	Zip Code
4.	Phone: _____		DO NOT WRITE IN THIS SPACE
	Home #	Work #	
5.	Social Security Number: _____		
		VP	RES
		RV	SS
		RI	R'ced by:

PERSONAL DATA

ANSWER THE FOLLOWING QUESTIONS BY PLACING AN "X" UNDER "YES" or "NO"		YES	NO	SPECIAL QUALIFICATIONS
6.	Are you a citizen of the United States?			14. If you have a disability and require some testing assistance, (e.g. enlarged print, etc.) explain on separate sheet of paper and advise Civil Service staff before the test.
7.	If not a citizen of the United States, are you a registered alien with government permission to work in this country?			
8.	Are you a registered voter of the City or Parish in which you reside?			15. List any licenses, certifications or other professional registrations. _____ _____ _____
9.	Have you in the past worked, full-time or part-time for the: ___ former City of Lafayette Government? ___ former Lafayette Parish Government? ___ Lafayette Consolidated Government? If yes, please check the appropriate agency and state which department below. _____			
10.	Do you currently work for the Lafayette Consolidated Government? If yes, state which department. _____			16. If you are applying for clerical work, answer the following: Are you trained or experienced in the following skill: Typing Yes <input type="checkbox"/> No <input type="checkbox"/> List any office machines which you are skilled in operating. Yes No Dictaphone _____ Copier _____ Calculator _____ Personal Computer _____ List any other Machines: _____ _____ _____
11.	Within the past 7 years have you been discharged from a position because your work or conduct was unsatisfactory? If yes, explain in item #22 on back.			
12.	May inquiry be made of your present and/or past employer concerning your work record, qualifications, etc.?			
13.	Have you ever been CONVICTED, PLACED ON PROBATION, OR A SUSPENDED SENTENCE, for an offense other than minor traffic violations? (Convictions are not necessarily a bar to employment). If yes, explain in Item #23 on back.			

THE LAFAYETTE CONSOLIDATED GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

17. Circle the last grade of school you completed:

Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 GED

List your education since high school including colleges, business, trade, correspondence, and military service schools.

Colleges, Universities and Junior Colleges Attended

NAME AND LOCATION	Date Attended		Credit Hours	Major	Degree and Year
	From	To			

Business or Trade Schools Attended

NAME AND LOCATION	Date Attended		Courses Completed	Date of Diploma or Certificate
	From	To		

Correspondence or Military Courses Completed

NAME AND LOCATION	Length of Course	Courses Completed	Date Completed

MILITARY SERVICE

18. Are you claiming Veteran's Preference? _____ If yes, then complete the following and present your DD214 before taking test.

Branch of Service
(Army, Navy, etc.)

Rank at time of Separation

Date Entered Active Duty Date	Separated From Active Duty	Military Occupation Specialty
	Retired Yes <input type="checkbox"/> No <input type="checkbox"/>	

Was Service Performed on active Full Time Basis With Full Time Pay and Allowance Yes ☐ No ☐

19. Experience: Begin with your present or latest position and work backwards. Account for all periods of employment or unemployment. GIVE YOUR DUTIES AND RESPONSIBILITIES IN SUCH DETAIL AS TO MAKE YOUR QUALIFICATIONS CLEAR.

STUDY THE FOLLOWING EXAMPLE:

From: Oct. 19 64 to July 19 69
Month Yr. Month Yr.

Name of Employer:

Commonwealth of Kentucky

Address

Finance Bldg. Auditor's Office

Phone #

233-3333

Kind of Business or Organization

Public Service

Was this a Supervisory Position?

Yes

Name and Title of Your Immediate Supervisor

A.C. Cole - Asst. State Auditor

Reason for Leaving

To Enter Army

Exact Title of Your Position: Senior Auditor

Salary: Starting \$ 910.00 per month, Final \$ 1,099.00

DUTIES AND RESPONSIBILITIES: Made field audits of accounts of state departments or political subdivisions or of persons and business firms subject to taxation or regulation by the State. Made assignments and reviewed the work of assistants; prepared reports in connection with audits made; gave instructions and direction to public officials in connection with approved methods of accounting for public funds. Occasionally testified in courts on matters involving audits completed.

1) PRESENT OR LAST POSITION

From _____, _____ to _____, _____
Month Yr. Month Yr.

Name of Employer:

Address:

Phone #

Kind of Business or Organization:

Was this a Supervisory Position?

Name and Title of Your Immediate Supervisor:

Reason for Leaving:

Exact Title of Your Position:_____

Salary: Starting \$ _____ per _____, Final \$ _____

Duties and Responsibilities: _____

2) NEXT PREVIOUS POSITION

From _____, _____ to _____, _____
Month Yr. Month Yr.

Name of Employer:

Address:

Phone #

Kind of Business or Organization:

Was this a Supervisory Position?

Name and Title of Your Immediate Supervisor:

Reason for Leaving:

Exact Title of Your Position:_____

Salary: Starting \$ _____ per _____, Final \$ _____

Duties and Responsibilities: _____

3) NEXT PREVIOUS POSITION

From _____, _____ to _____, _____
Month Yr. Month Yr.

Name of Employer:

Address:

Phone #

Kind of Business or Organization:

Was this a Supervisory Position?

Name and Title of Your Immediate Supervisor:

Reason for Leaving:

Exact Title of Your Position:_____

Salary: Starting \$ _____ per _____ , Final \$ _____

Duties and Responsibilities: _____

20. List volunteer experience here:

4) NEXT PREVIOUS POSITION

From _____ , _____ to _____ , _____
Month Yr. Month Yr.

Name of Employer: _____

Address: _____

Phone # _____

Kind of Business or Organization: _____

Was this a Supervisory Position? _____

Name and Title of Your Immediate Supervisor: _____

Reason for Leaving: _____

Exact Title of Your Position: _____

Salary: Starting \$ _____ per _____ , Final \$ _____

Duties and Responsibilities: _____

REFERENCES

21. List three persons (do not list relatives or people who have worked for you) who have definite knowledge of your qualifications and fitness for the position for which you are applying.

FULL NAME	ADDRESS (Complete)	PHONE NO.	BUSINESS or OCCUPATION

REMARKS

22.

23.

24.

YOU MUST SIGN APPLICATION

I certify that all statements made in this application are true, complete and correct to the best of my knowledge. I realize that any misrepresentation herein may cause my application to be rejected, my name removed from the employment list, or I may be subject to dismissal from the employment of the Lafayette Consolidated Government.

Signature

Date

RECRUITING INFORMATION

The following information does not become part of your application for employment. Your answers will neither help nor hinder your chance for employment with the Lafayette Consolidated Government. They do, however, help us to assess our recruiting efforts, as well as to monitor the progress of our Equal Employment Opportunity Program. Therefore, we ask your cooperation in providing the following information. Thank you.

1. DATE OF APPLICATION: _____
month day year
2. NAME: _____
last first middle initial
3. SOCIAL SECURITY NO: _____
4. BIRTH DATE _____
month day year
5. JOB APPLIED FOR: _____
6. SEX (Please Check): _____ Male
_____ Female

**7. HOW DO YOU DESCRIBE YOURSELF IN TERMS OF THE FOLLOWING GROUP?
PLEASE CHECK.**

- _____ A. American Indian (including Aleuts and Eskimos)
- _____ B. Black/African-American/African
- _____ C. White/Caucasian/European/Middle Easterner
- _____ D. Hispanic/Chicano/Puerto Rican/Mexican American/Latin American
- _____ E. Oriental/Asian American/Pacific Islander
- _____ F. Disabled as defined by the Americans with Disabilities Act

8. HOW DID YOU HEAR ABOUT THE JOB FOR WHICH YOU APPLIED? PLEASE CHECK.

- _____ A. Lafayette Daily Advertiser
- _____ B. Out-of-town newspaper
- _____ C. Professional journal
- _____ D. Radio
- _____ E. Civil Service bulletin board
- _____ F. Present city-parish employee
- _____ G. University Placement Office
- _____ H. Louisiana State Employment Office
- _____ I. Other

COMMUNICATIONS BILLING ANALYST

PURPOSE AND NATURE WORK

Position is responsible for generating all communications billing and billing related activities, such as timely, accurate and thorough examination of communications bills and billing history in response to customer questions, requests and / or complaints; initiating corrections and adjustments, and presenting / explaining results to customers, as well as keeping complete records of work done. Incumbent works with significant independence under the supervision of a communications Customer Service Supervisor.

ILLUSTRATIVE EXAMPLES OF WORK (Note: These examples are intended only to illustrate various types of work performed by incumbents of this class. All of the duties performed by an incumbent may not be listed, nor does any one incumbent necessarily perform all of these duties.)

Responds to customers' questions, complaints, reports of problems, and requests for clarification by thoroughly researching account information. Investigates account history, summarizes records of services ordered, services being billed for, the history of change made, and explains to customer. Resolves customer complaints, reconciles claims with records and documents, makes adjustments within established guidelines. Updates records in the customer information system and the operations support system. Serves as section supervisor in supervisor's absence, recommends enhancements to billing or payment methods for delivery of improved service to customers.

Performs related work as required.

NECESSARY KNOWLEDGE, ABILITIES AND SKILLS

Considerable knowledge of the customer information system, of communications services, prices and bundles offered to customers.

Considerable knowledge of billing and payment guidelines, policies and procedures used in communications.

Ability to review bills and billing history and initiate corrective action.

Ability to apply critical and analytical thought to a situation and determine a solution within established perimeters and guidelines.

Knowledge of bookkeeping or accounting as related to area of responsibility.

Thorough knowledge of operating characteristics of personal computers, specifically Microsoft Excel and Word.

Ability to work independently, flexibly, and to respond to changing circumstances throughout a workday.

Ability to establish and maintain effective relationships with employees and general public.

DESIRABLE EDUCATION AND EXPERIENCE

Completion of high school supplemented by college level course work in accounting or business administration and considerable experience in the customer services section of the communications division.

LAFAYETTE CONSOLIDATED GOVERNMENT

NOTICE TO APPLICANTS

PRE-EMPLOYMENT DRUG TESTING

The LAFAYETTE CONSOLIDATED GOVERNMENT has a policy prohibiting the possession, distribution, use, consumption, or being under the influence of, alcohol or illegal or unauthorized, controlled substances, in order to provide a safe and healthful environment for employees, visitors, and members of the general public. Therefore, those applicants selected for employment with the LAFAYETTE CONSOLIDATED GOVERNMENT will be required to submit to a urine drug screen test and shall be dropped from consideration of employment if the testing results indicate a detectable amount of illegal or unauthorized substances.

Individuals who have been disqualified due to positive test results shall be ineligible to reapply for work with the LAFAYETTE CONSOLIDATED GOVERNMENT for a period of seven years after having been dropped from consideration. Upon reapplication, those applicants must show proof of their completion of a reasonable drug and alcohol treatment or counseling program.